2011 Military Health System Conference

Virtual Behavioral Health Program at TAMC

The Quadruple Aim: Working Together, Achieving Success

Raymond A. Folen, Ph.D., ABPP COL (Ret) Suzanne D. Martin Brenda H. Edmonds, Psy.D.

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Tripler's Area of Responsibility: 52% of the Earth's Surface





Virtual Behavioral Health Program



- A system of care that uses modern communication technologies to:
 - Maximize utilization of Behavioral Health assets
 - Provide uniform surge support BH encounters to Soldiers throughout the ARFORGEN cycle
 - Increase access to care
 - Insure continuity of care
 - Promote a cultural change in the Force

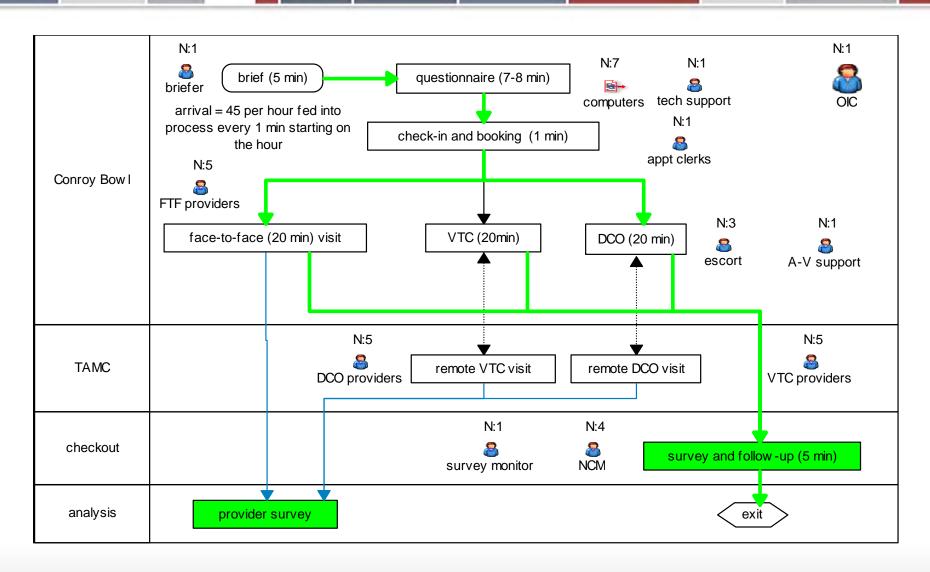
TAMC VBH Pilot Study



- Face-to-Face (FTF)
 - Traditional and familiar
 - Provider and Patient/Client need to be in same locality
- Video Teleconference (VTC)
 - High quality picture
 - High bandwidth requirements
 - ISDN secure; IP less so
- Webcam
 - Fast setup
 - Does the job

VBH Pilot: 520 Redeployed Soldiers





VBH Provider View





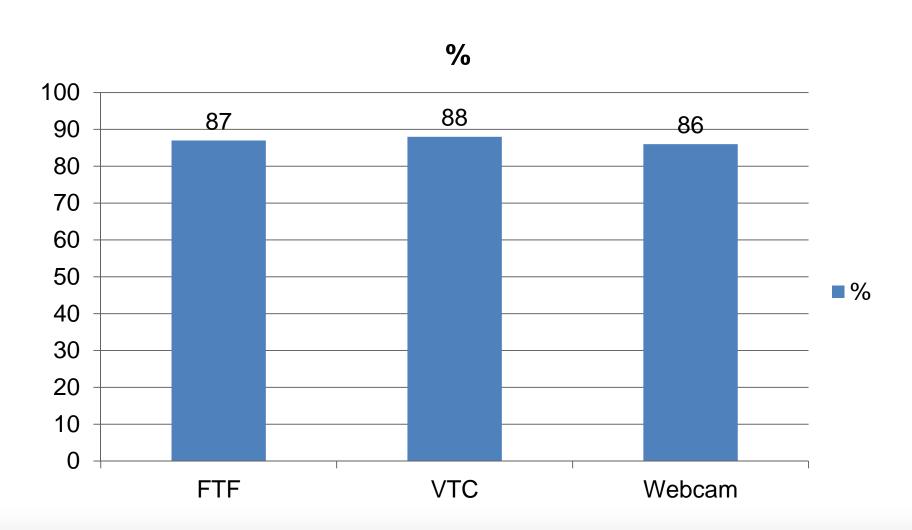
Structure of VBH Post-Deployment Interviews



- Positive psychology approach focusing in strength and resiliency
- Normalizing of the readjustment process
- Screening and referral of high risk issues
- Identification of other potential issues/problems with referrals and recommendations
- Reducing stigma
- Maximizing access to care

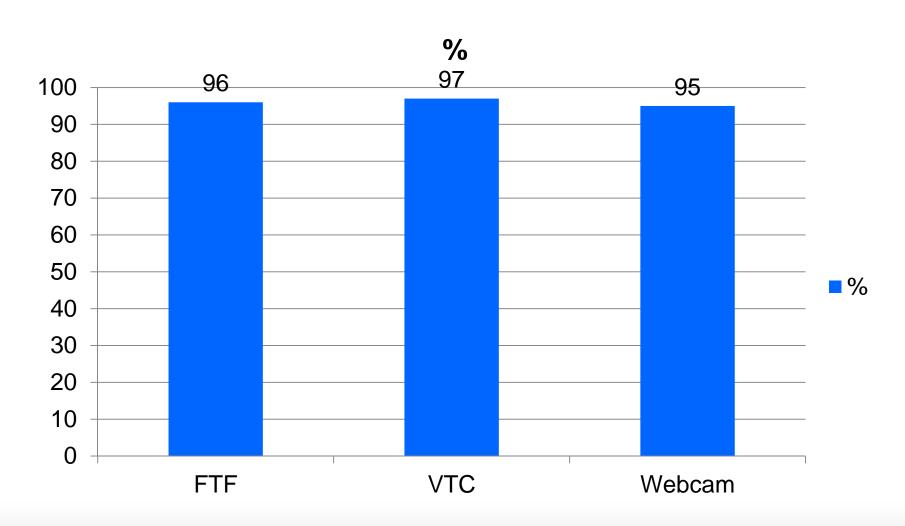
Soldiers who felt the interview was helpful





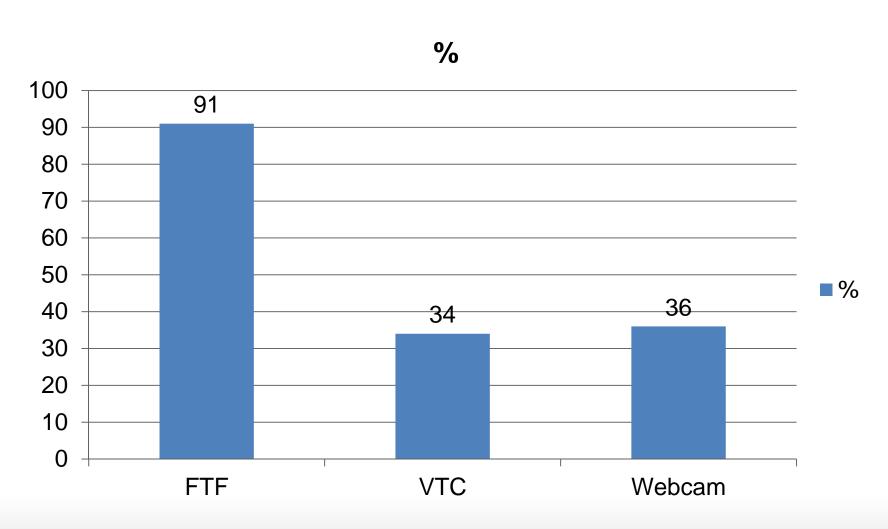
Soldiers who felt satisfied with the overall process





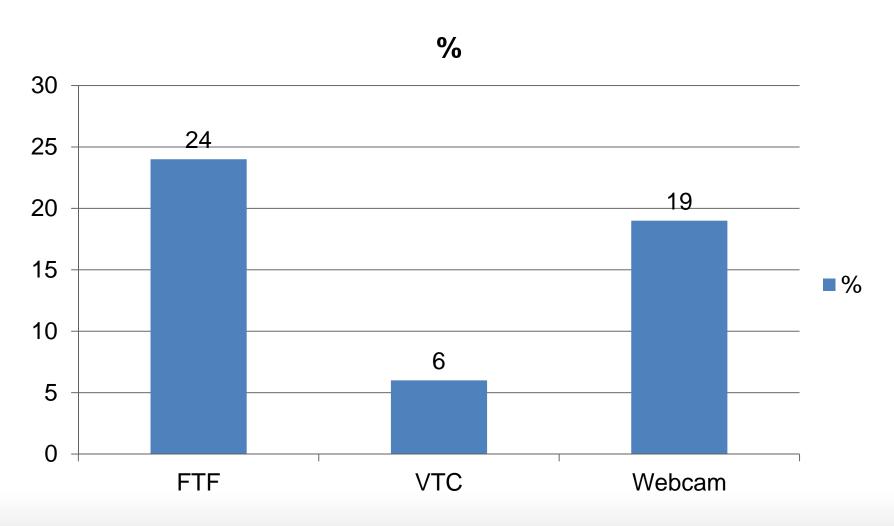
Prefer FTF





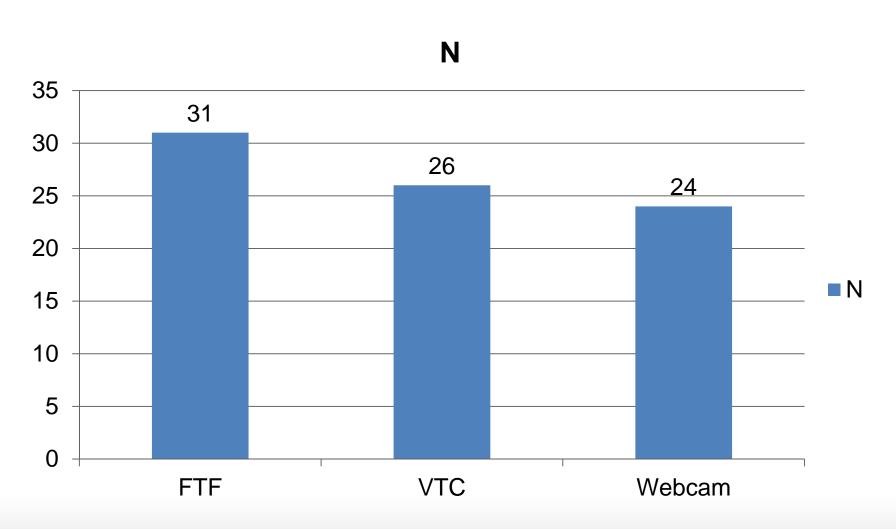
There were concerns I did not feel comfortable discussing





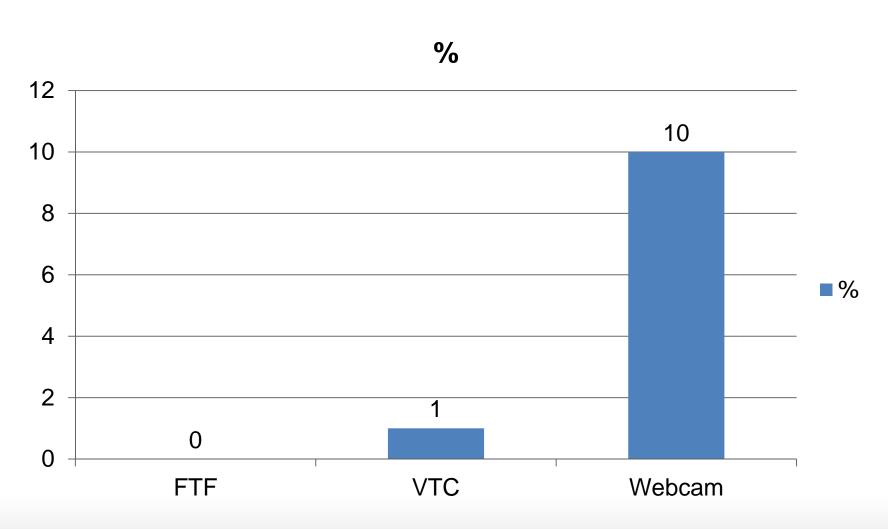
Number of Referrals Made





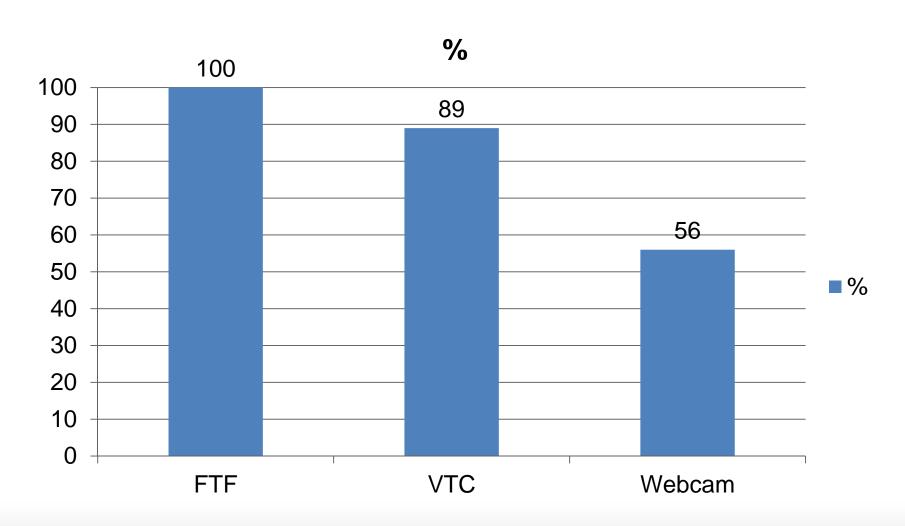
Technical Issues





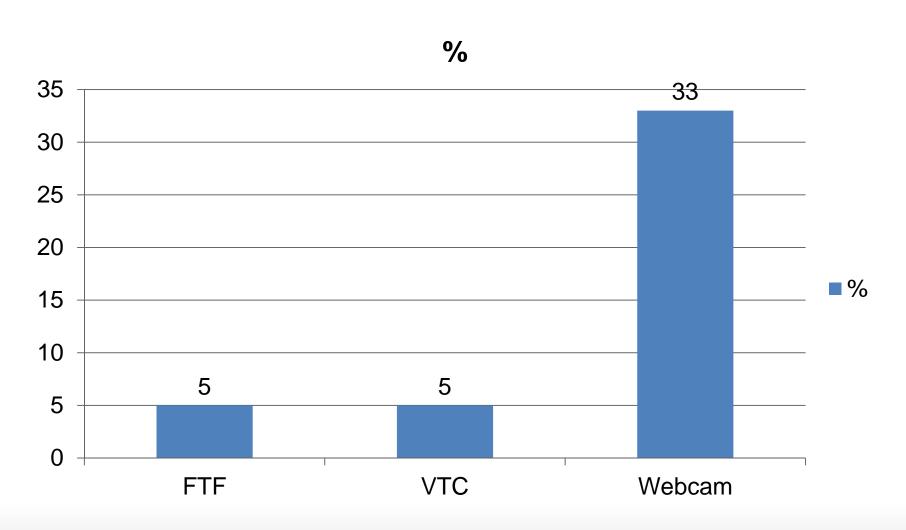
Provider comfort with the process





Provider's 'tired' by the process





Other Findings



- No significant difference in provider's perceived ability to assess and treat
- 94-96% of Soldiers felt there was adequate privacy

VBH Implementation at Ft. Richardson, AK



- 3324 Soldiers from the 4-25 ABCT participated in VBH (99% participation rate)
- 983 (30%) were recommended by the BH Provider to receive a BH referral
- 686 (70%) accepted the referral
- Satisfied Soldiers: 86.5%
- 73.9% felt that the interview was helpful
- 64.8% disagreed that members of their unit would have less confidence in them if they went for behavioral health care service

VBH Implementation at Ft. Richardson, AK



- 59.4% of providers felt comfortable using this method of interview
- Provider credentialing process was fast
- Provider training was inadequate
- All workload credit went to remote site
- IT and logistical issues were primary concern

Lessons Learned: Soldier Perspective



- Soldiers view the VBH encounter very positively
- Soldiers are comfortable with the process
- Telehealth screening questionnaires and webcam interviews work

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Lessons Learned: Provider Perspective



- Providers need thorough training on positive psychology approach
- Providers need thorough training on skills specific to providing care via telehealth
 - Camera position
 - Volume levels
 - Explanations to the recipient
 - Movement
- Telehealth is tiring

Lessons Learned: Safety and Backup



- Phone in VTC/Webcam room
- Need 'dedicated' phone line at remote site
 - Staff on 'standby' at remote site to pick up call
 - Phone needs to be 'always on'
- Need backup procedures in place
 - Power goes out
 - Patient/client is at risk
- Home-based treatment presents unique challenges

Lessons Learned: Enterprise Issues



- AHLTA has major limitations across regions; work arounds implemented but cumbersome
- Culture changes are needed (e.g., shift from region-focus to enterprise-focus)
- Need to remain mindful of the VBHP concept and vision when efforts at enterprise-wide deployment are meet with resistance

Behavioral Telehealth at TAMC



- Staffing
 - 10 Clinical Psychologists
 - 1 Psychiatrist
 - 3 Nurse Case Managers
 - 3 Psychology Technicians
 - 3 IT Support Staff
 - 2 Admin Staff
 - 22 Total
- Provided the clinical, technical and military cultural training required to do the job.

Services



- Worldwide surge support
- Services to soldiers down range
- Services to military units in the Pacific Regional Medical Command's area of responsibility to include Japan, Korea, and Guam
- Services to National Guard/Army Reserve Families and Soldiers living on the Hawaiian Islands and remote islands of the Pacific
- Services to uniformed service members living on Oahu who would like to avoid the two hour commute it may take to get to Tripler from their place of duty.

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Virtual Behavioral Health For Redeploying Troops Program Consultation

Dr. Moira Shaw Allison Pompey, M.A. Public Health Assessment Program

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Weather for Honolulu, HI

Weather for Washington, DC

Mahalo!



raymond.folen@us.army.mil suzie.martin@us.army.mil brenda.edmonds@us.army.mil